



CUSTOMER CONNECTION FORM

To better serve and connect you with as many programs as will fit your needs, please fill out form completely.

OFFICE USE ONLY

Referring Department
Name:

1. Y ___ N ___ Are you currently homeless or at risk of becoming homeless?

*Call **844.900.0500** for immediate assistance*

2. Y ___ N ___ Would you like information on making your home more energy efficient to lower your heating costs? [Weatherization]

3. Y ___ N ___ Do you need help heating or energy bills? [Utilities Assistance]

4. Y ___ N ___ Are you a homeowner whose home needs repairing?

If yes, what? _____ [Housing Rehabilitation]

5. Y ___ N ___ Would you like to have your taxes prepared for free? [Tax Preparation]

6. Y ___ N ___ Do you have questions about the Home Heating Credit or the Earned Income Credits? [Tax Preparation]

7. Y ___ N ___ Would you like to have help budgeting your money? [Budget Counseling/Workshops]

8. Y ___ N ___ Would you like more information about our IDA Savings Account that helps you buy a home, go back to school, or start a business? [Budget Counseling/IDA]

9. Y ___ N ___ Are you considering Bankruptcy education? [Pre/Post Bankruptcy Counseling]

10. Y ___ N ___ Are you interested in learning about food assistance programs? [Food Programs]

11. Y ___ N ___ Do you know someone who is homebound, 60+ years old, and unable to cook for themselves, and would like meals delivered to their home? [Meals on Wheels]

12. Y ___ N ___ Do you have trouble making your rent/mortgage payment on time each month? [Foreclosure Prevention/Housing Counseling]

13. Y ___ N ___ Are you interested in learning about owning your own home? [Homeownership Coaching/Workshops]

14. Y ___ N ___ Are you in the process of looking for a new home/apartment to rent? [Rental Counseling]

15. Y ___ N ___ Would you like more information about adequate childcare for when you work or go to school? [Collaborative Center]

16. Y ___ N ___ Would you like more information about preschool opportunities for your 3-4 year old? [Head Start/GSRP]

17. Y ___ N ___ Would you like more information about developmental opportunities and information for pregnant woman to 3 year old? [Early Head Start Home Based]

18. Y ___ N ___ Are you interested in a Center Based Program for your child ages 0-3? [Early Head Start Expansion]

I authorize NMCAA to share my information within the agency for referral purposes.

Consent is voluntary, remains in effect for one year, and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.

Name (printed): _____

County: _____ Phone Number: _____ Email: _____

Signature: _____ Date: _____

Distribution: Mail completed form to-Allison Popa 3963 Three Mile Rd, Traverse City MI 49686 or email at apopa@nmcaa.net

Copy-in child's file